

MDR Tracking Number: M5-04-2135-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on March 15, 2004.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the majority of the issues of medical necessity. The office visits (99203 & 99212), manual therapy techniques, therapeutic exercises, mechanical traction, muscle testing, and range of motion measurements denied with U and V from 11-24-03 through 12-23-03 **were** medically necessary. The office visits (99213) rendered on 11-26-03, 12-01-03, 12-02-03, 12-09-03, and 12-10-03 **were not** medically necessary. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On May 20, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
11-25-03	99213 97140 97110 97012	\$66.19 \$34.05 \$136.20 \$17.15	\$0.00	No EOB	\$66.19 \$34.05 \$35.90x 4 \$18.90	Medicare Fee Schedule Rule134.202	Neither the requestor nor the respondents submitted EOB's for CPT Codes 99213, 97140, 97110, and 97012 rendered on 11-25-03. This date of service will be reviewed in accordance with Rule 134.202 effective 8-1-03. Since the carrier did not provide a valid basis for the denial of this service, reimbursement is recommended in the amount of \$ 117.39. See rationale below for CPT code 97110.

11-26-03	99080-73	\$15.00	\$0.00	V	\$15.00	Medicare Fee Schedule Rule134.202	TWCC-73 is a TWCC required form and is not subject to an IRO review therefore, will be reviewed in accordance with Rule 134.202 effective 08-01-03. The requestor submitted proof of submission for services billed therefore recommend reimbursement of \$15.00.
11-28-04	97140	\$34.05	\$0.00	G	\$34.05	Medicare Fee Schedule Rule134.202	Rule 133.304 (c) Carrier has not specified which service 97140 was global to, therefore it will be reviewed according to the Medicare Fee Schedule. Recommend reimbursement of \$34.05
12-08-04	99212 97140	\$47.23 \$34.05	\$0.00	No EOB	\$47.23 \$34.05	Medicare Fee Schedule Rule134.202	Neither the requestor nor the respondents submitted EOB's for CPT Codes 99212 and 97140 rendered on 12-08-04. This date of service will be reviewed in accordance with Rule 134.202 effective 8-1-03. Since the carrier did not provide a valid basis for the denial of this service, reimbursement is recommended in the amount of \$81.28.
12-24-03	99211	\$26.94	\$0.00	No EOB	\$26.94	Medicare Fee Schedule Rule134.202	Neither the requestor nor the respondents submitted EOB's for CPT Codes 99211 rendered on 12-24-04. This date of service will be reviewed in accordance with Rule 134.202 effective 8-1-03. Since the carrier did not provide a valid basis for the denial of this service, reimbursement is recommended in the amount of \$26.94.
TOTAL		\$410.86					The requestor is entitled to reimbursement of \$274.66.

Rationale for CPT code 97110 - Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) and in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (b); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 11-24-03 through 12-24-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 5th day of November 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 7, 2004

RE:

MDR Tracking #: M5-04-2135-01

IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This case involves a claimant who was injured while on-the-job on _____. Allegedly, the claimant injured his low back while lifting a box from the back of a van. The claimant was treated by the company doctor following his injury, but did not improve. The claimant began physiotherapy at _____ under _____ on 11/24/03. He was diagnosed as having a lumbar disc disorder, lumbar facet syndrome, lumbar nerve root compression, and a sprain/strain injury of the left hip. The claimant was taken off work and underwent aggressive physiotherapy from at least 11/24/03 through 12/23/03.

Requested Service(s)

I have been asked to present a decision regarding the medical necessity of office visits (99203, 99213, and 99212), manual therapy techniques (97140), therapeutic exercises (97110), mechanical traction (97012), muscle testing (95831), and range of motion testing (95851) rendered or supplied to the claimant between and including 11/24/03 through 12/23/03.

By request, dates of service 11/25/03 and 12/08/03 are exempt from review. Also, the requested report (99080-73) dated 11/26/03 and the manual therapy techniques (97140) dated 11/28/03 are exempt from review.

Decision

Based on the information contained within the submitted documentation, all diagnostic and treatment services in question that were rendered to the claimant between and including 11/24/03 through 12/23/03 were medically necessary except for the 99213 level office visits on dates 11/26/03, 12/01/03, 12/02/03, 12/09/03, and 12/10/03.

Rationale/Basis for Decision

Office Visits (99203, 99213, and 99212) - There is no evidence in the submitted documentation for dates of service 11/25/03 through 12/10/03 to show that this level of evaluation/management occurred. Also, even if appropriate evidence to support a 99213 level office visit existed in the documentation, current standards of care do not support a 99213 level office visit being conducted more than once in a 4 week time span during a given treatment plan. The documentation does contain evidence to support that the 99203 and 99212 level office visits were conducted on various dates of service between 11/24/03 and 12/23/03. The occurrence and frequency of these office visits was entirely within current and accepted standards of care.

Manual Therapy Techniques (97140) - The documentation indicates that the claimant had no prior physiotherapy before 11/24/03 to treat his work injury dated _____. With the claimant still being symptomatic as of 11/24/03 four weeks of manual therapy was a reasonable and necessary approach to attempt to improve upon the claimant's condition.

Therapeutic Exercises (97110) - The documentation indicates that the claimant had no prior physiotherapy before 11/24/03 to treat his work injury dated _____. With the claimant still being

symptomatic as of 11/24/03 four weeks of therapeutic exercises was a reasonable and necessary approach to attempt to improve upon the claimant's condition.

Mechanical Traction (97012) - Given the descriptions of the claimant's signs and symptoms and diagnoses within the submitted documentation, four weeks of this therapy was a reasonable and necessary approach to attempt to improve upon the claimant's condition.

Muscle Testing (95831) - Given the claimant's signs, symptoms and diagnoses within the submitted documentation, this diagnostic procedure was reasonable and necessary to gain objective clinical information.

Range of Motion Measurements (95851) - Given the claimant's signs, symptoms and diagnoses within the submitted documentation, this diagnostic procedure was reasonable and necessary to gain objective clinical information.